

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/

2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

THIS	SPACE	FOR	OFFICE	USE	ONLY

HONGLULU ETHICS COMMISSION RECLIVED

91.27.20

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PART I LOBBYIST						
NAME (Last) (First) (Middle)						
C. Mike Kido						
LOBBYIST FIRM/EMPLOYER (if applicable	TELEPHONE	P. I				
SanHi Government Strategies	808-539-0400					
MAILING ADDRESS (No. and Street or	FAX 808-599-1506	3				
999 Bishop Street, Suite 1400	FAAAII					
		EMAIL cmkido@awlaw.com				
(City) Honolulu	(State) Hawaii	(Zip Code) 96813				
PART II.A ORGANIZATION						
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE				
General Contractors Association of Hawaii	808-833-1681					
MAILING ADDRESS (No. and Street or	FAX 808-839-4167					
1065 Ahua St.		EMAIL				
(City) Honolulu	(State) Hawaii	(Zip Code) 96819				
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)					
Over 500		☐ Not Applicable				
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS						
Legislative Committee and		☐ Not Applicable				
PART II.B NO LONGER LOBBYING						
☑ I am no longer authorized to lobby on behalf of the organization in Part II.A DATE 1/15/2020						

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY							
☐Business & Economic Development	I I ICommunity Services		□Customer Services				
□Culture & Arts			□Public Works, Infrastructure & Sustainability				
□Parks & Recreation	arks & Recreation Public Health, Safety & Welfare		□Tourism				
□Transportation	□Zoning & Planning		□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept				
□Other (indicate below):							
PART IV LOBBYIST CER	TIFICATION						
I hereby certify that the foregoing statements are true and correct. C Mule Violo LOBBYIST SIGNATURE JAN 1 5 2020 DATE			Subscribed and sworn to before me This Bull day of Mull Will Harry OFF CIAL AUTHORIZED TO ADMINISTER CATHS My commission expires: March 24, 2020 OF CIAL AUTHORIZED TO ADMINISTER CATHS				
PART V AUTHORIZATION TO LOBBY							
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED							
NAME OF ORGANIZATION (if applicable)			FELEPHONE				
MAILING ADDRESS (No. and Street or P.O Box)							
		EMA	IL				
(City) (State)		(Zip	(Zip Code)				
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. (Signature of Authorizing Officer or Person Represented) (Date)							
(Signature of Authorizing Officer or Person Represented) (Date)							

NOTE: This is a public document.

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